

Name
in
Full

CERTIFICATE OF DEATH

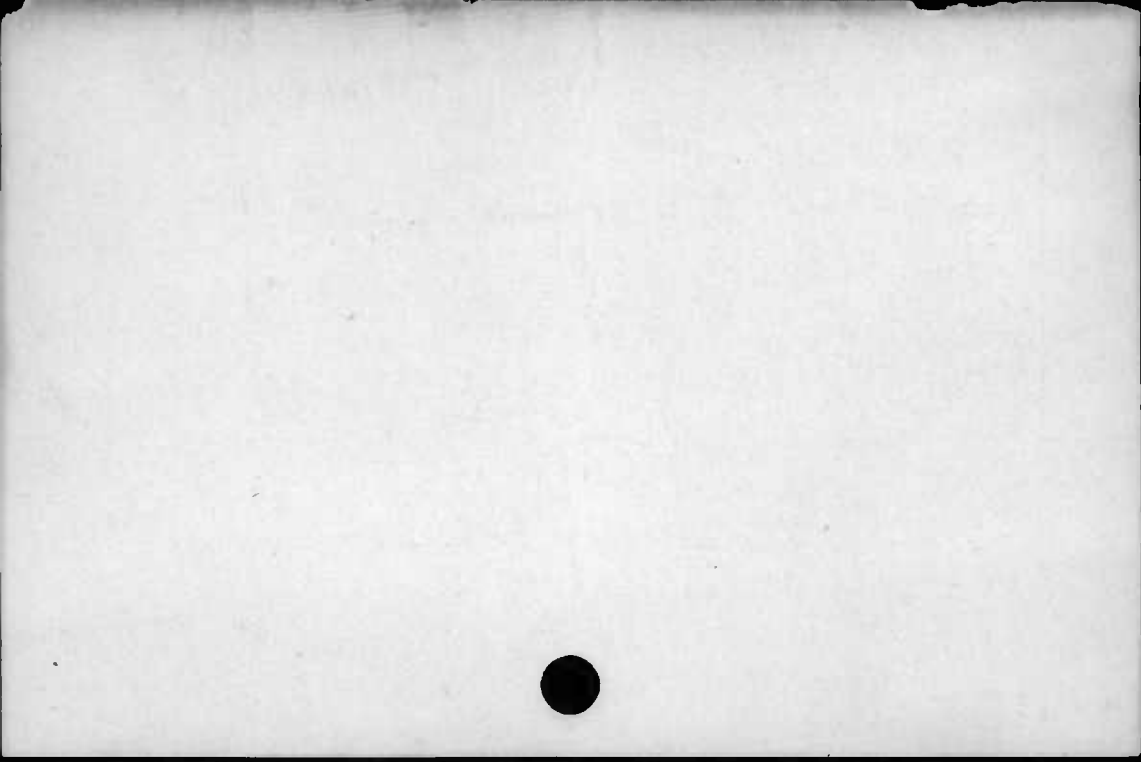
TO BE ANSWERED BY
NEAREST FRIEND

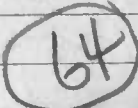
Died at <i>Harman</i> Town <i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>30</i>	Age <i>7</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>Harman & Co MD</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Paul Belmash</i>	Father's Birthplace <i>Solubzja Poland</i>		
Mother's Maiden Name <i>Wronka</i>	Mother's Birthplace <i>Solubzja Poland</i>		
Name of person giving information <i>Bronislaw Bannach</i>	How related to deceased <i>Friend</i>		

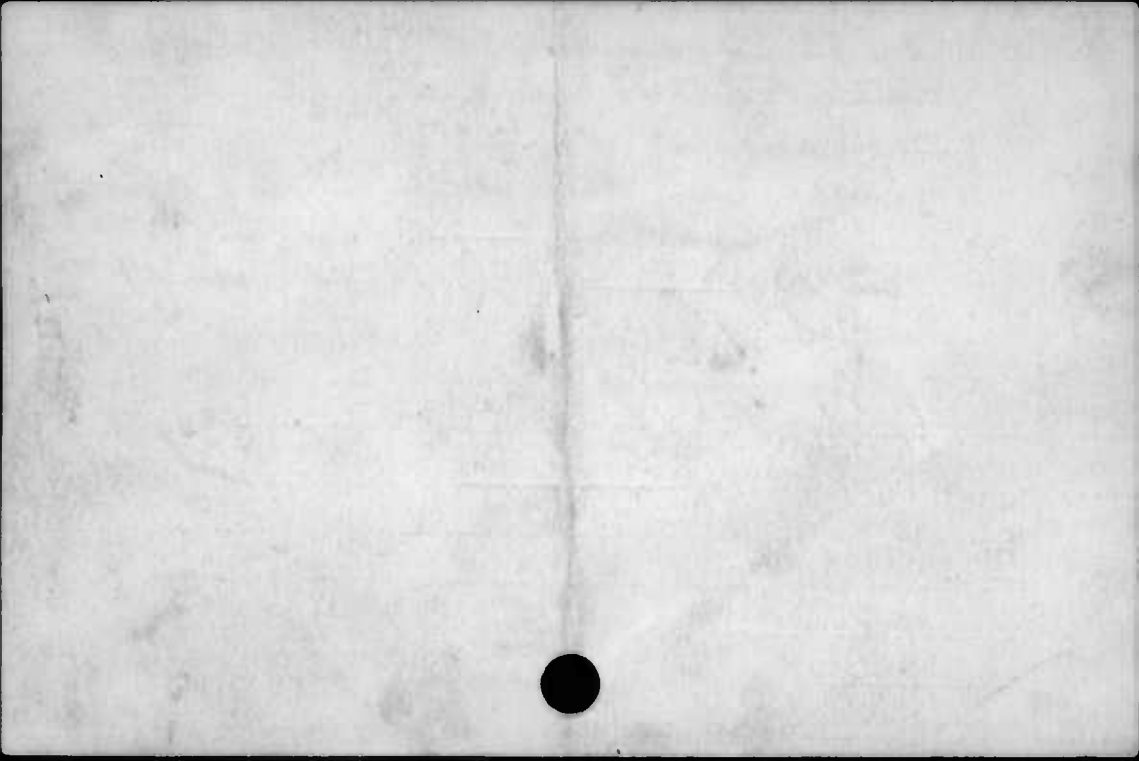
CAUSES OF DEATH

PHYSICIAN
OR CORONER

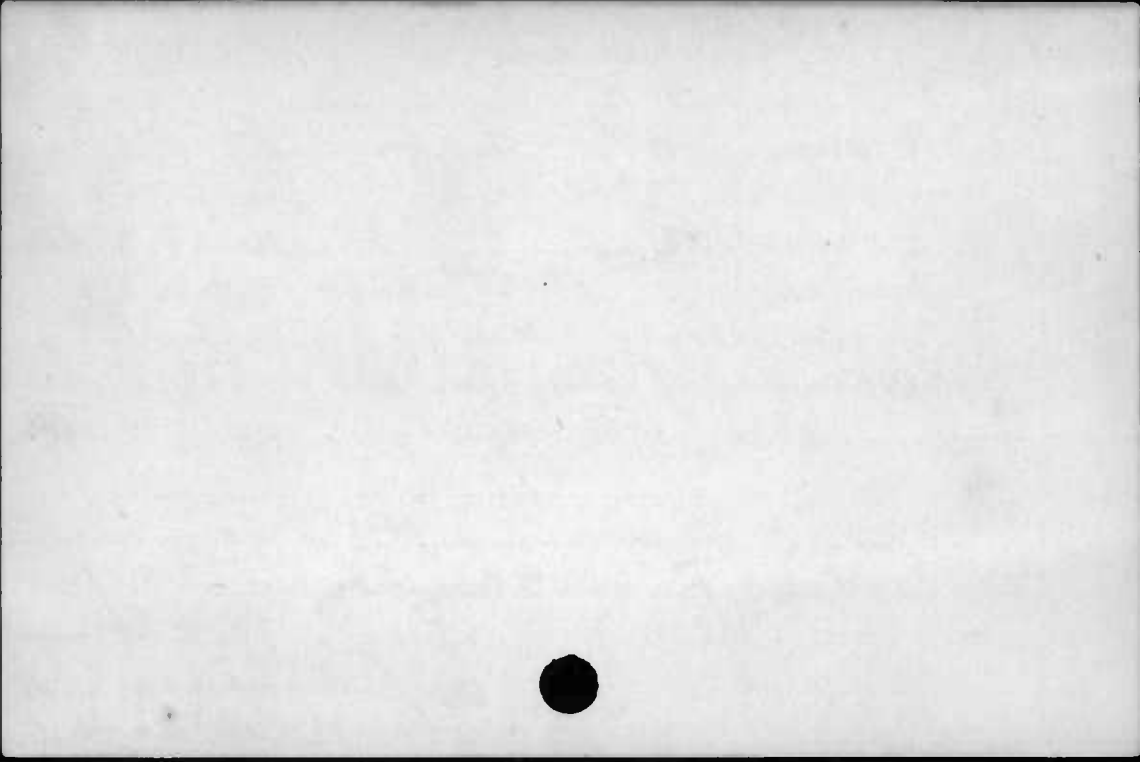
Primary <i>St. Louis & Summer heat</i>	How long <i>Week</i>
Immediate <i>St. Louis & heat</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. N. Robinson</i>
	Address <i>Hanover Rd</i>
Accident or Suicide?	



Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Adams Park</i>		Town <i>Adams Park</i>		County <i>MARYLAND</i>
	Date of death <i>June 23, 1901</i>		Month <i>June</i>	Day <i>23</i>	Age <i>65</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>T.O.</i>
	Occupation <i>Domestic</i>		Where Residing if not at place of death <i>767 1/2 St. N. W.</i>		
	Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William H. H.</i>		
	Father's Name <i>John H. H.</i>		Father's Birthplace <i>North Carolina</i>		
	Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>		
	Name of person giving information <i>Franklin B. B.</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Apoplexy</i>		How long <i>some days</i>		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John B. B.</i>		
	<i>yes</i>		Address <i>Washington, D.C.</i>		
	Accident or Suicide?				



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>June</u> <small>Day</small> <u>32</u> <small>Years</small> <u>23</u> <small>Months</small> <u>—</u> <small>Days</small> <u>—</u>		MAYLAND	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Butcher</u>		Birth-place <u>Tennamary</u>	
		Where Residing if not at place of death <u>—</u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>	
		Father's Name <u>Jacob Braun</u>		Father's Birthplace <u>Tennamary</u>	
		Mother's Maiden Name <u>Henrietta Able</u>		Mother's Birthplace <u>"</u>	
Name of person giving information <u>A. C. Braun</u>		How related to deceased <u>Brother</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Accident Brown</u>		How long <u>(172)</u>	
		Immediate <u>—</u>		How long <u>—</u>	
		Are name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John H. Davis</u>	
		Address <u>Annapolis</u>		<u>MD</u>	
Accident or Suicide?					



Name
in
Full

Margaret Jane Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town Skeets Neck		County A. A. Co.			
Date of death		Month June	Day 13 th	Age	Years 63	Months 3	Days 13
Sex Female		Color or Race Colored		Birth- place A. A. Co.			
Occupation Housewife		Where Residing if not at place of death Skeets Neck Station					
Married, Single or Widowed Married		Name of Wife or Husband Mathias Brewer					
Father's Name Mr. Henry Biggs		Father's Birthplace A. A. Co.					
Mother's Maiden Name Margaret Ann Biggs		Mother's Birthplace A. A. Co.					
Name of person giving Information Mr. J. Biggs		How related to deceased brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	four months
Immediate	Cardiac Failure & Exhaustion	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. J. Lee	
Address		62 Cathedral St Annapolis Md.	
Accident or Suicide?			



Name

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CERTIFICATE OF DEATH

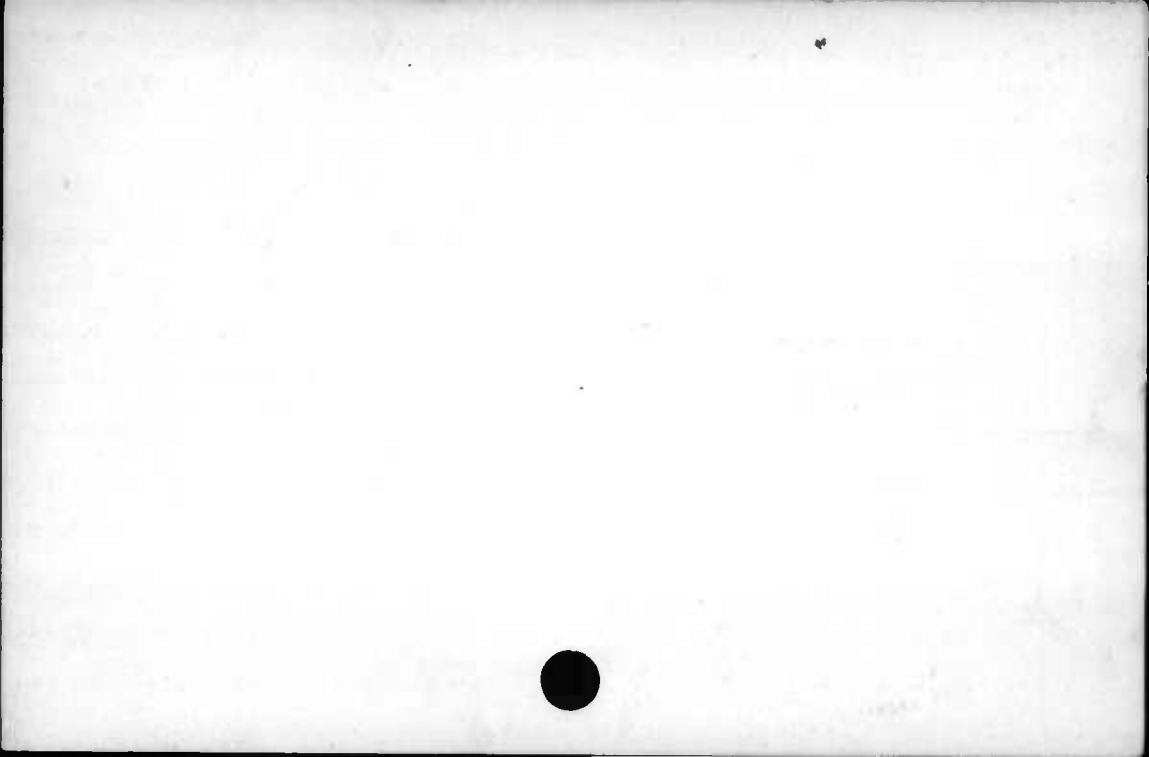
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Curtis Bay</i>		Town <i>aa Co</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>June</i>	Day	<i>9th</i>	Age	<i>40</i>
Sex	<i>M</i>	Color or Race	<i>W</i>	Birthplace	<i>Ind</i>	Months	
Occupation	<i>Patrolman</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband <i>Elizabeth Mangum</i>			
Father's Name	<i>George Vinton Manning</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name	<i>Roll</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving Information	<i>Mr George Manning</i>			How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sacred Tumor</i>	How long	<i>3 years</i>
Immediate	<i>Septicemia</i>	How long	<i>2 mo</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>William S. Scott.</i>
		Address	<i>Curtis Bay aa Co.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Bertha Elizabeth Burley</i>		Town <i>Hannan</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Month <i>June</i>		Day <i>10</i>		Age <i>5</i>	
Date of death		Year <i>1906</i>		Months <i>5</i>		Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Anne Arundel Co</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Robert Burley</i>		Father's Birthplace <i>Anne Arundel Co Md</i>					
Mother's Maiden Name <i>Bessie Sewall</i>		Mother's Birthplace <i>Charles Co Md</i>					
Name of person giving information <i>Bessie Burley</i>		How related to deceased <i>Mother</i>					

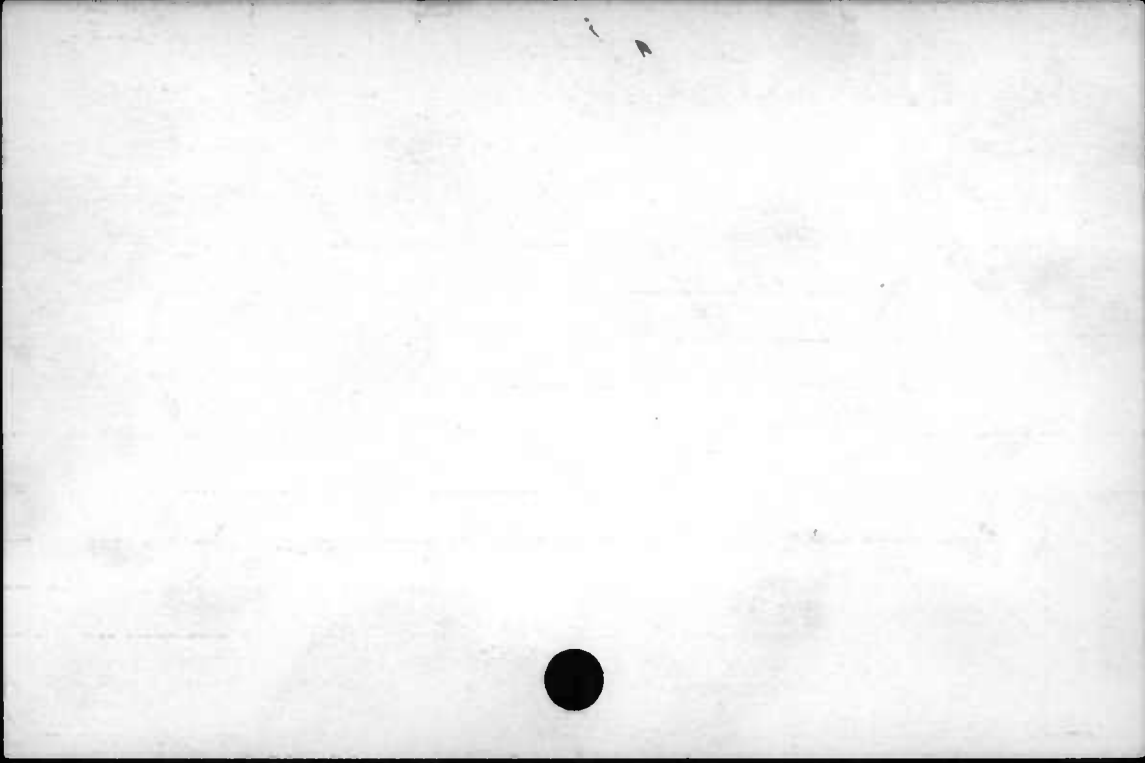
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>Two weeks</i>	
Immediate <i>Convulsions</i>		How long <i>4 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. N. Brumfield</i>	
		Address <i>Panover Md</i>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Elraton P.O.</i>		County <i>Anne Arundel</i>			
		Town <i>Elraton P.O.</i>		State <i>MARYLAND</i>			
		Date of death <i>1906</i>	Month <i>June</i>	Day <i>30</i>	Years <i>about 55 years</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Dougherty.</i>					
Father's Name <i>Alfred Johnson</i>		Father's Birthplace <i>Maryland.</i>					
Mother's Maiden Name <i>Ariel Johnson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Edward Dougherty</i>		How related to deceased <i>Grandson.</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Dysentery</i>		How long <i>One week</i>			
		Immediate <i>Heart failure</i>		How long <i>Immediately</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James S. Billingslea M.D.</i>			
				Address <i>Armiger.</i>			
		Accident or Suicide? <i>No-</i>				<i>Md.</i>	



Name in Full		Milton Edwards				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Blount County		MARYLAND		
	Date of death		1906	Month June	Day 25	Age 34	Months
	Sex		Male		Color or Race	Colored	
	Occupation		Farm Hand		Birth place	Cross Roads Md	
	Where Residing if not at place of death						
	Married, Single or Widowed		Married		Name of Wife or Husband Hannah Edwards		
	Father's Name		James Thomas Edwards		Father's Birthplace Va		
	Mother's Maiden Name		Ann Rebecca Sarrell		Mother's Birthplace Balt Md		
Name of person giving information		Hannah Edwards		How related to deceased			wife
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Phthisis		How long 18 mo		
	Immediate		Heart Failure & Debility		How long One week		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Hanover Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Lizzie Engleberg
Died at ^{Town} East Brooklyn ^{County} A. A.

Date of death 1906 June 25 Age 14 Months 14 Days

Sex Female Color or Race white Birth-place East Brooklyn

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Joseph Engleberg er. Father's Birthplace Germany

Mother's Maiden Name Mary Hobart Mother's Birthplace Germany

Name of person giving information Joseph Engleberg er. How related to deceased Father.

CAUSES OF DEATH

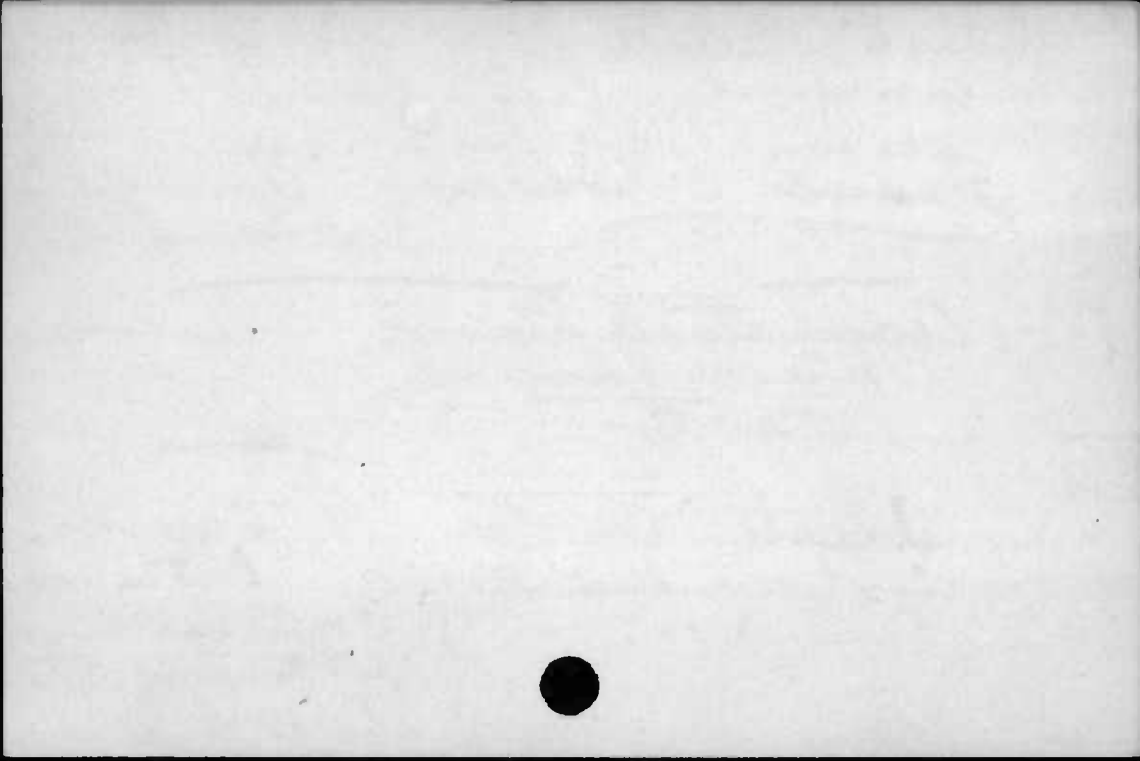
Primary Marasmus (151) How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Chas. H. Brook

Address —

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

Bessie Gault

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel

Date

6 June 1906

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

Annapolis

Occupation

Where Residing if not
at place of death

144 South St.

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Armstrong Gault

Father's
Birthplace

A. A. C.

Mother's
Maiden Name

Minnie Thomas

Mother's
Birthplace

A. A. C.

Name of person giving
In formation

Father

How related
to deceased

CAUSES OF DEATH

Primary

Acute Nephritis

How long

6 weeks

Immediate

Cardiac Failure & Dropsy

How long

About two weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

P. P. Keene

60 Cathedral St.

Annapolis Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

James Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Best Gate</u> <small>Town</small>		County <u>AA</u>		MARYLAND	
	Date of death <u>1906</u>	Month <u>June</u>	Day <u>21st</u>	Age <u>49</u>	Years	Months
	Sex <u>Male</u>	Color or Race <u>col</u>		Birth-place <u>AA Co</u>		
	Occupation <u>Laborer</u>	Where Residing if not at place of death				
	Married, Single or Widowed	Name of Wife or Husband <u>Annie Hall</u>				
	Father's Name <u>Unknown</u>	Father's Birthplace <u>AA Co</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>AA Co</u>					
Name of person giving information <u>Brother</u>	How related to deceased <u>(120)</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Chronic Nephritis</u>	How long	<u>Four months</u>
	Immediate	<u>Uremia</u>	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout</u>	
	<u>Yes</u>		Address <u>Annapolis Md</u>	
	Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

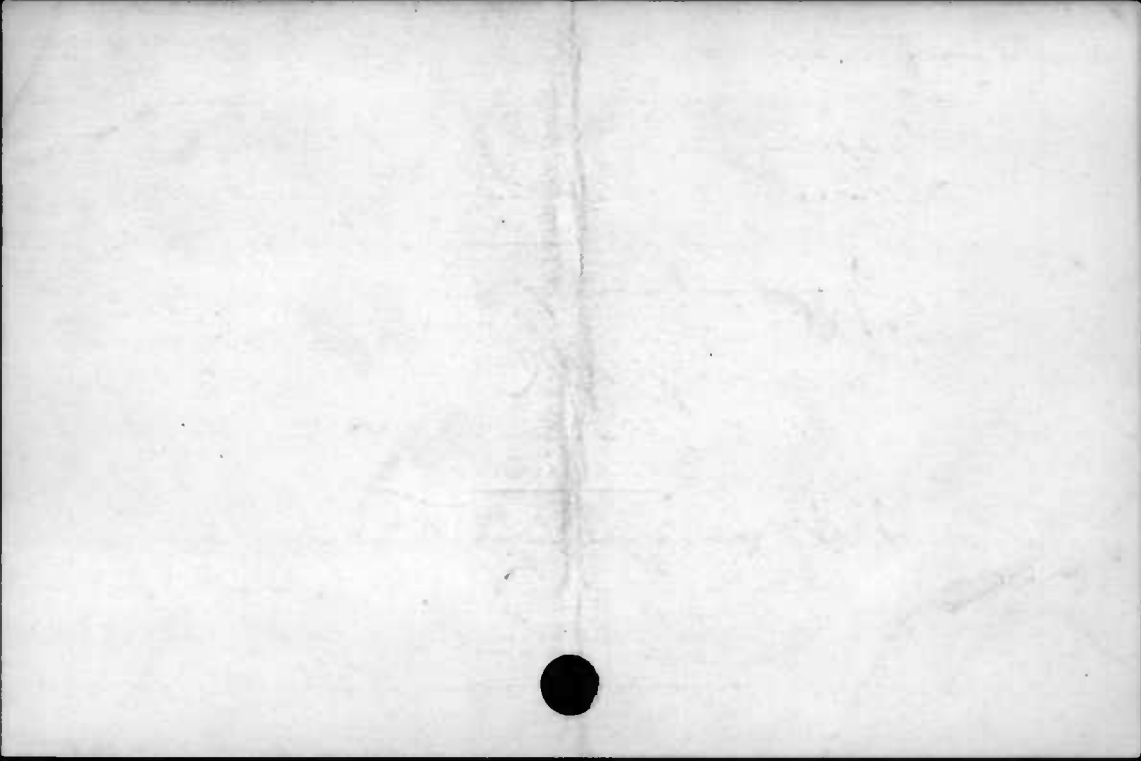
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		June	22 nd				8
Sex		Color or Race		Birth-place			
Female		Colored					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Wells				At Fds			
Mother's Maiden Name				Mother's Birthplace			
Mary Gball				At Fds			
Name of person giving information				How related to deceased			
Mother				72			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Grisinus Nascetur			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John Ridout	
		Address	
		Annapolis	
		Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

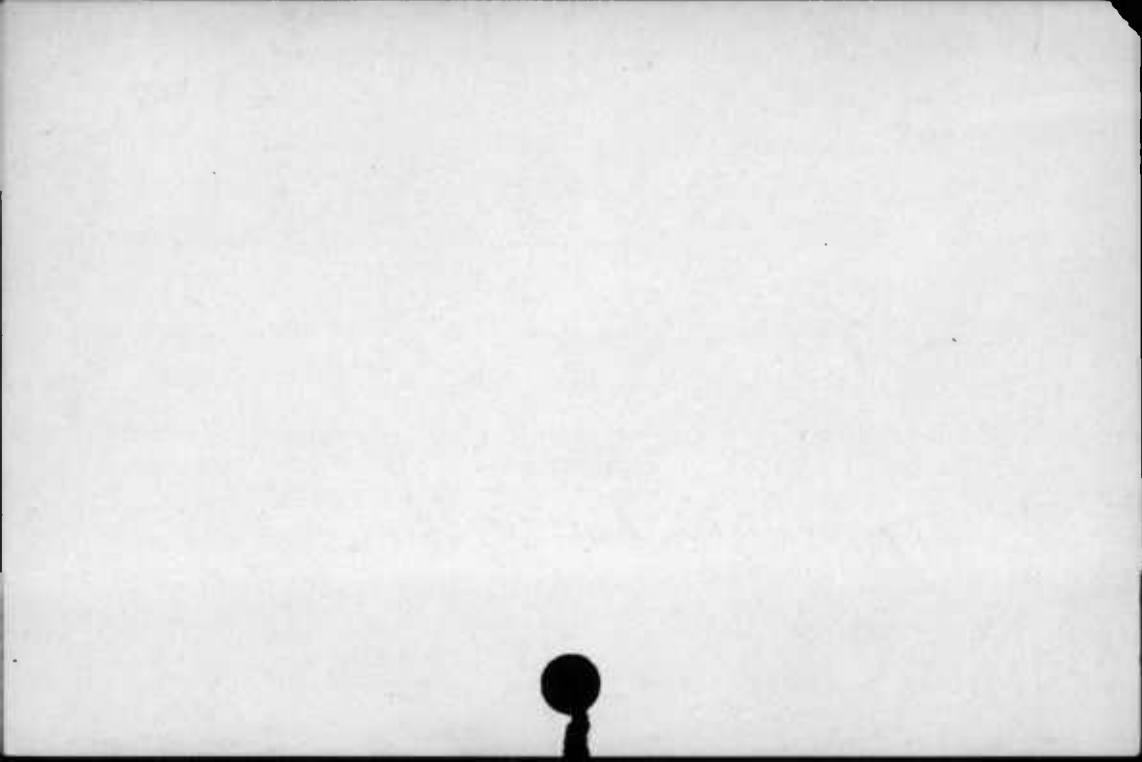
MARYLAND

Died at		Town		County			
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	
Accident or Suicide?	



Name
in
Full

Marquate E. Hammond

CERTIFICATE OF DEATH

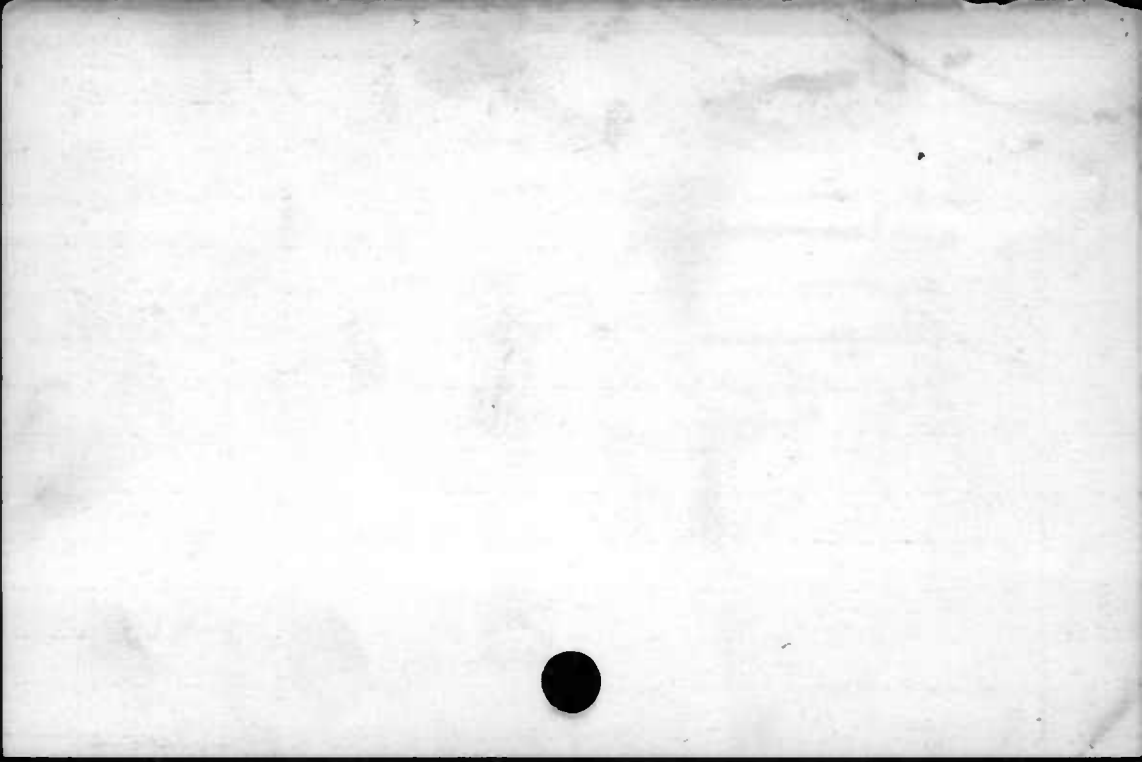
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maynard's P.O.		County Anne Arundel		MARYLAND	
Date of death	1906	Month June	Day 2	Age 19	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Anne Arundel Co.
Occupation	House work			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Charles Hammond				Father's Birthplace	A.A. Co.	
Mother's Maiden Name	Lizzie Hall				Mother's Birthplace	A.A. Co.	
Name of person giving In formation	James H. Hall -				How related to deceased	Uncl.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One year
Immediate	Heart Failure	How long	One day
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	James S. Bellinger M.D.
		Address	Armiger Md.
Accident or Suicide?	No		



Name
in
Full

Elizabeth Josephine Brown

CERTIFICATE OF DEATH

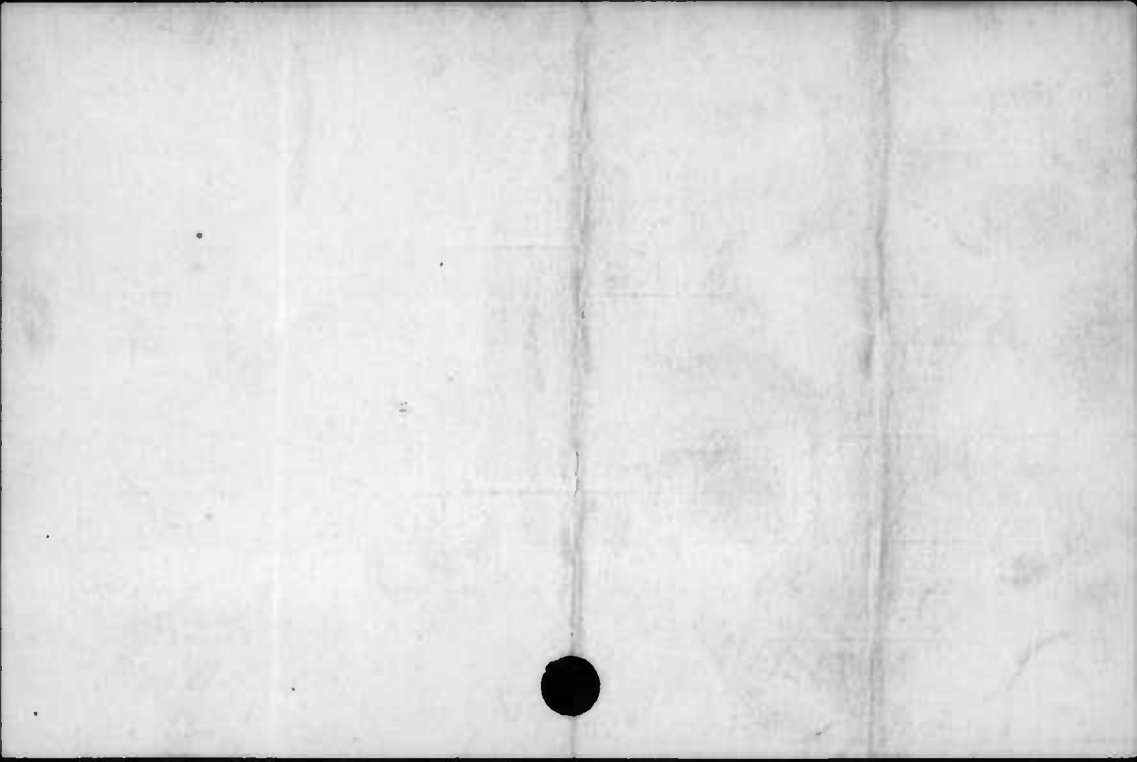
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906 June 26</i>		Month <i>June</i>		Day <i>26</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Colord.</i>		Birth-place <i>Annapolis</i>			
Occupation <i></i>		Where Residing if not at place of death <i>72 Pleasant St.</i>					
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Samuel Brown</i>		Father's Birthplace <i>A.A.Co. Md.</i>					
Mother's Maiden Name <i>Mary E. Brown</i>		Mother's Birthplace <i>A.A.Co. "</i>					
Name of person giving information <i>Father</i>		How related to deceased <i></i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>One week</i>
Immediate <i>Asthenia</i>	How long <i>Engorged</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Redoutt</i>
<i>Yes</i>	Address <i>Annapolis Md.</i>
Accident or Suicide?	



Name
in
Full

Sydney Otto Heiskell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Quarantine</i>		Town		County		<i>A. A. Co</i>	
Date of death	<i>22</i>	Month	<i>June</i>	Day	<i>Friday</i>	Years	<i>54</i>
Sex		<i>White</i>		Color or Race		<i>White</i>	
Occupation		<i>Physician</i>		Where Residing if not at place of death		<i>Quarantine Hospital</i>	
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Dorothy Heiskell</i>	
Father's Name		<i>Henry L. Heiskell</i>		Father's Birthplace		<i>N. Va</i>	
Mother's Maiden Name		<i>Elizabeth Kortwright</i>		Mother's Birthplace		<i>N. Y</i>	
Name of person giving information		<i>Minor Thacker Souverain</i>		How related to deceased		<i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis</i>	How long	<i>about 5 years</i>
Immediate	<i>acute indigestion</i>	How long	<i>about 5 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. M. Clark</i>	
		Address	
		<i>Quarantine Hospital</i>	
		<i>A. A. Co</i>	
Accident or Suicide?			

Stewart Mower
Underlakers
Interment at
Greenmount Cemetery
Baltimore Md
June 25-1906

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cash Port</u> ^{Town}		<u>Anne Arundall</u> ^{County}		MARYLAND	
Date of death <u>1906</u> ^{Month} <u>June</u> ^{Day} <u>8th</u> ^{Years} <u>30</u>		Age <u>30</u>		Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ellison Jacobson</u>				
Father's Name <u>Peter Kelly</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>				
Name of person giving information <u>Ellison Jacobson</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer of Stomach</u>	How long <u>40</u>	<u>1 Year</u>
Immediate <u>Starvation</u>	How long <u> </u>	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo Wells M. D.</u>	
	Address <u>Aynapolis</u>	
	<u>Mo</u>	
Accident or Suicide?		



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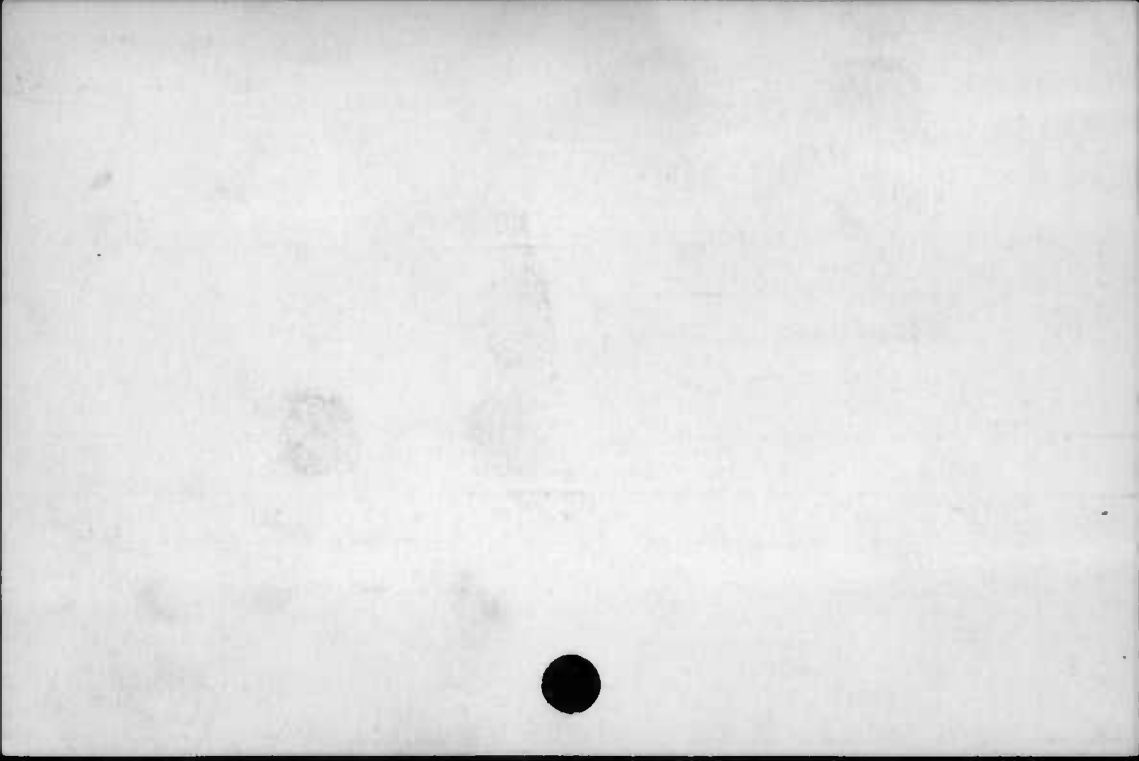
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	June	Day	12
Age	Years		Months		Days
Sex	Male		Color or Race	Colored	
Occupation			Birth-place	Annapolis	
Married, Single or Widowed			Where Residing If not at place of death		
			114 Washington St		
Name of Wife or Husband					
Father's Name			John H. James		
Mother's Maiden Name			Mary Henderson		
Name of person giving information			Brother		
Father's Birthplace			Prima Geo Co		
Mother's Birthplace			" " "		
How related to deceased					

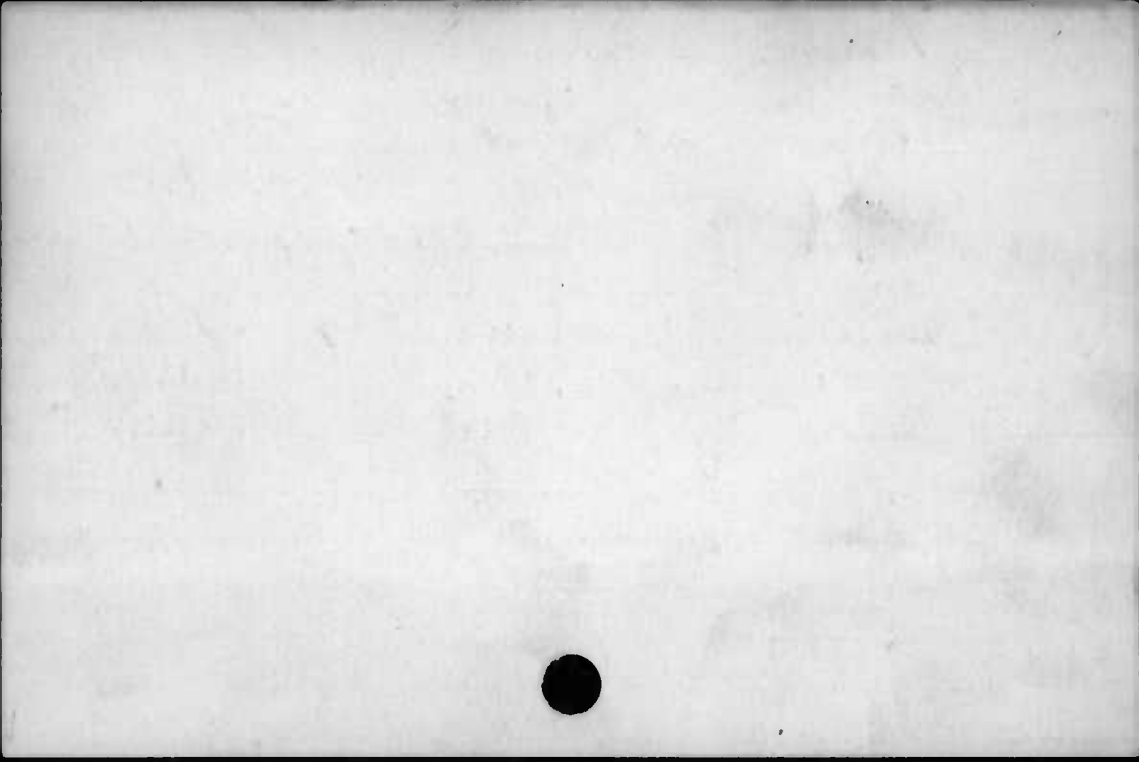
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhea	How long	One month
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. P. Keese	
Address		60 Cathedral St. Annapolis, Md.	
Accident or Suicide?			



Name In Full		Charles Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Annapolis Md	County A. A. C. S.	MARYLAND		
		Date of death		Month June	Day 28	Years 90	Months —	Days —
		Sex		male		Color or Race	Colored	
		Occupation		Waiting		Birth-place	Annapolis Md	
		Where Residing if not at place of death		16 Jefferson Place				
Married, Single or Widowed		Single		Name of Wife or Husband		—		
Father's Name		William H. Johnson				Father's Birthplace	Rode River	
Mother's Maiden Name		Hadar Casway				Mother's Birthplace	South River	
Name of person giving information		Harry Gilbert				How related to deceased	Grandmother	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Broncho - Pneumonia				Six Weeks		
		Immediate				How long		
		Heart Insufficiency				7 days		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
Signature of Physician				R. P. Kipper				
Address				30 Cathedral St Annapolis Md				
Accident or Suicide?				No				



Name in Full

Certificate of Death

Isaac Lunsen

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1906

6-24

Age

1-3

-

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Wm H. Lunsen

Mother's
Name

Susan Bellet

Cause of

Primary

Burn - Chest & abdomen
Shock

How long sick

2 wks -

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

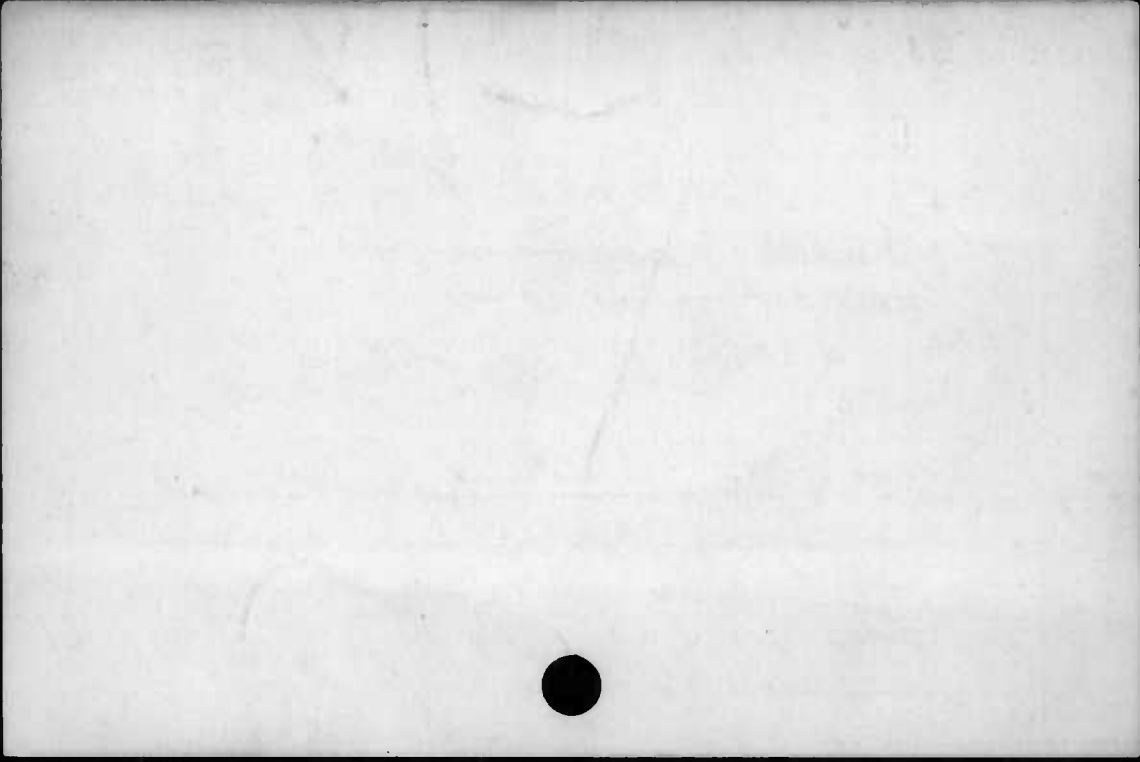
Information contained in this certificate received from _____

of _____

TO BE ANSWERED BY NEAREST FRIEND	Name in Full Johnson, Harry		B.M. U.S.M.C.		CERTIFICATE OF DEATH	
	Died at Annapolis		County Anne Arundel		MARYLAND	
	Date of death 1906 June		Month	Day First	Years 22	Months 2
	Sex Male		Color or Race White		Birth-place Brighton Mich	
	Occupation Private U.S.M. Corp.		Where Residing if not at place of death U.S.S. Hartford			
	Married, Single ? or Widowed		Name of Wife or Husband -			
	Father's Name John R. Johnson		Father's Birthplace ?			
	Mother's Maiden Name ?		Mother's Birthplace }			
Name of person giving information					How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate Drowned	How long
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. C. Byrnes, Surgeon U.S.N.
		Address Naval Academy, Annapolis
	Accident or Suicide? Accident-	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906 June 2				60			
Sex	Male	Color or Race		Colored		Birth-place	
Occupation		Farmer		Where Residing if not at place of death		Bryans Woods	
Married, Single or Widowed	Married	Name of Wife or Husband		Henrietta Johnson		Father's Birthplace	
Father's Name		Nashan Johnson		Mother's Birthplace		Bentons	
Mother's Maiden Name		Caroline Johnson		Mother's Birthplace		A.A.C.	
Name of person giving information		Wife		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

(27)

How long

Immediate

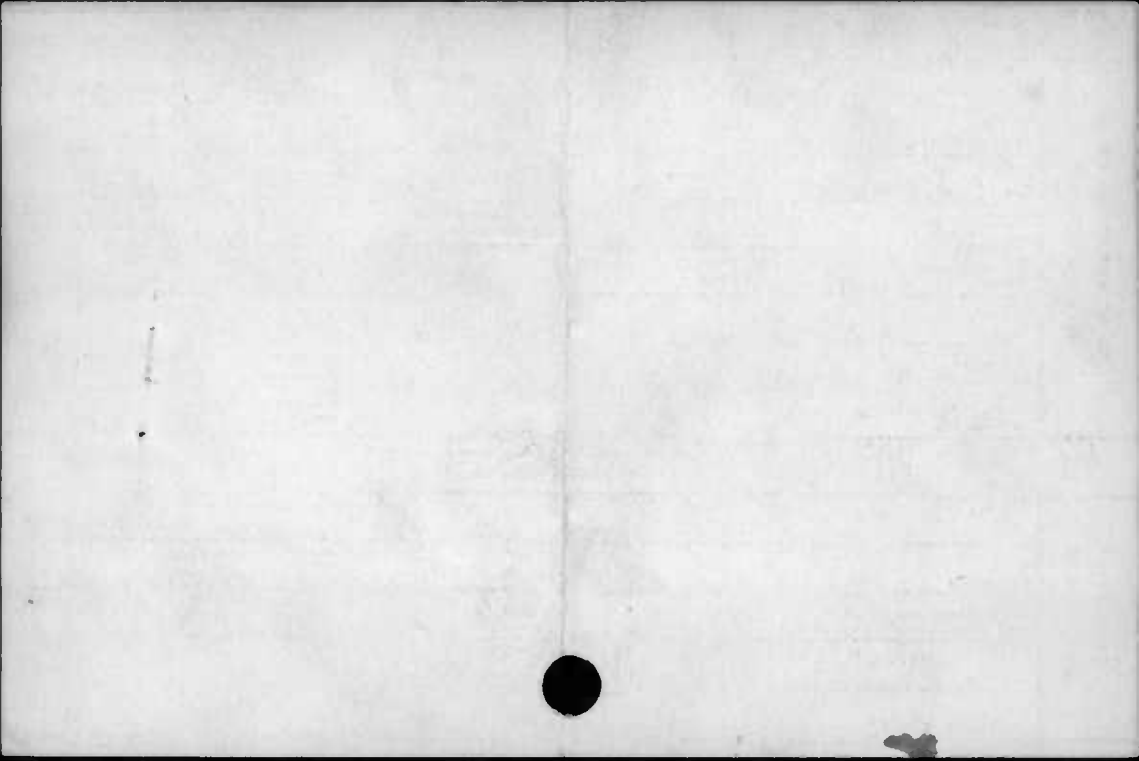
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. Ridout

Address

Accident or Suicide?



Name
in
Full

Stephen Manns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Maynard's P.O.		County Anne Arundel		MARYLAND	
Date of death	1906	Month June	Day 10	Age 65	Years	Months	Days
Sex	Male		Color or Race	Colored		Birth- place	A. A. Co. Md
Occupation	Farm hand			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Manns			
Father's Name	William Manns				Father's Birthplace	A. A. Co.	
Mother's Maiden Name	Judia Hill				Mother's Birthplace	A. A. Co.	
Name of person giving Information	Columbus Kess				How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	One year
Immediate	Pulmonary Hemorrhage	How long	Ten minutes
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	James S. Bellingsha
		Address	Armiger
Accident or Suicide?	No -		Md.



Name
in
Full

Emil Muhl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>So Baltimore</u> ^{Town}		County <u>a a</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>6</u>	Day <u>12</u>	Age <u>5-8</u>	Years <u>5-8</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Gir -</u>		
Occupation <u>Barber</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>asthma</u>	(97)	How long <u> </u>
Immediate <u>Heart Failure</u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. B. Broedel</u> Coroner	
	Address <u>South Balto A. A. Co</u> <u>md</u>	
Accident or Suicide? <u>no</u>		



Name
in
Full

Louis Moreland

CERTIFICATE OF DEATH

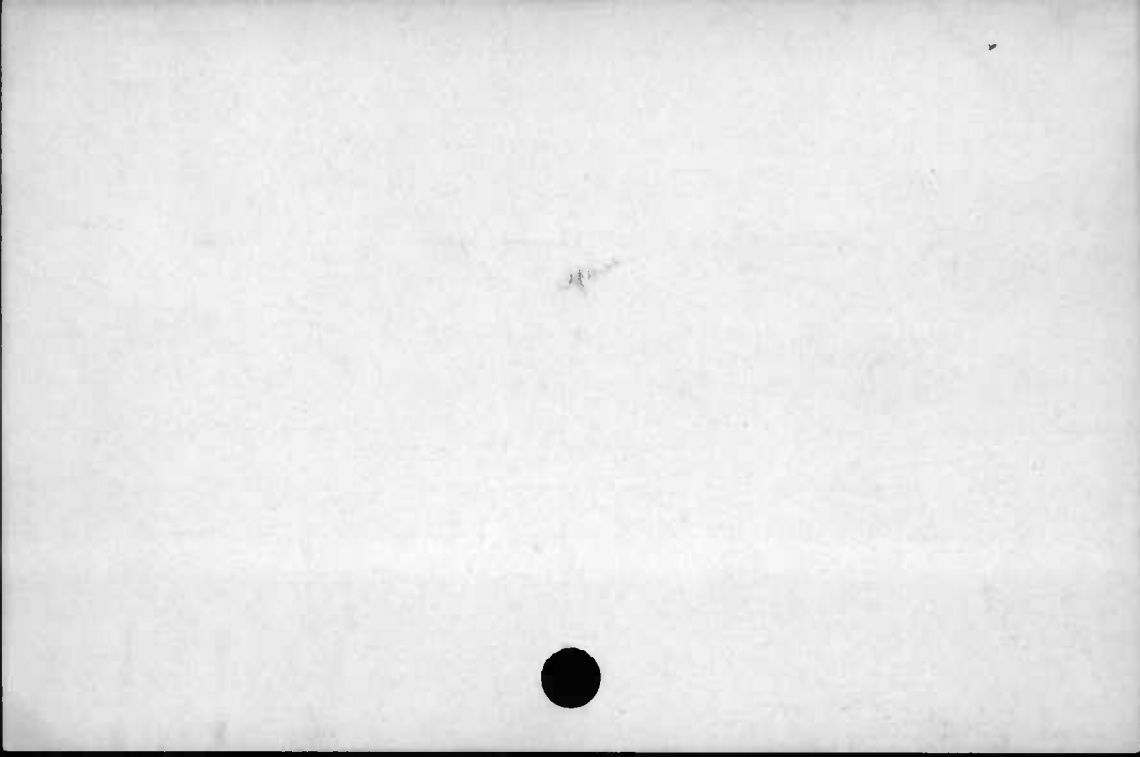
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Eastport</i>		^{County} <i>Anne Arundel</i>		MARYLAND	
Date of death	^{Month} <i>June</i>	^{Day} <i>30</i>	^{Years} <i>—</i>	^{Months} <i>5-</i>	^{Days} <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Eastport Md</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Wm H. Moreland</i>			Father's Birthplace <i>Calvert Co Md</i>		
Mother's Maiden Name <i>Margaret R. Stevens</i>			Mother's Birthplace <i>Calvert Co, Md</i>		
Name of person giving information <i>Wm H. Moreland</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm J. Welch</i>
	Address <i>Baltimore Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Lucretia H. Naylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Patuxent ^{County} Anne Arundel MARYLAND

Date of death June 24 1905 June 24 Month Day Age 82 Years Months 3 Days

Sex Female Color or Race white Birth-place A. A. Co.

Occupation Housewife Where Residing if not at place of death A. A. Co.

Married, Single or Widowed Married Name of Wife or Husband Lucretia H. Naylor wife of Stephen H. Naylor

Father's Name Thos. Donaldson Father's Birthplace Md

Mother's Maiden Name Caroline Donaldson Mother's Birthplace Md

Name of person giving information S. H. Naylor How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Probably Intracranial hemorrhage How long suddenly

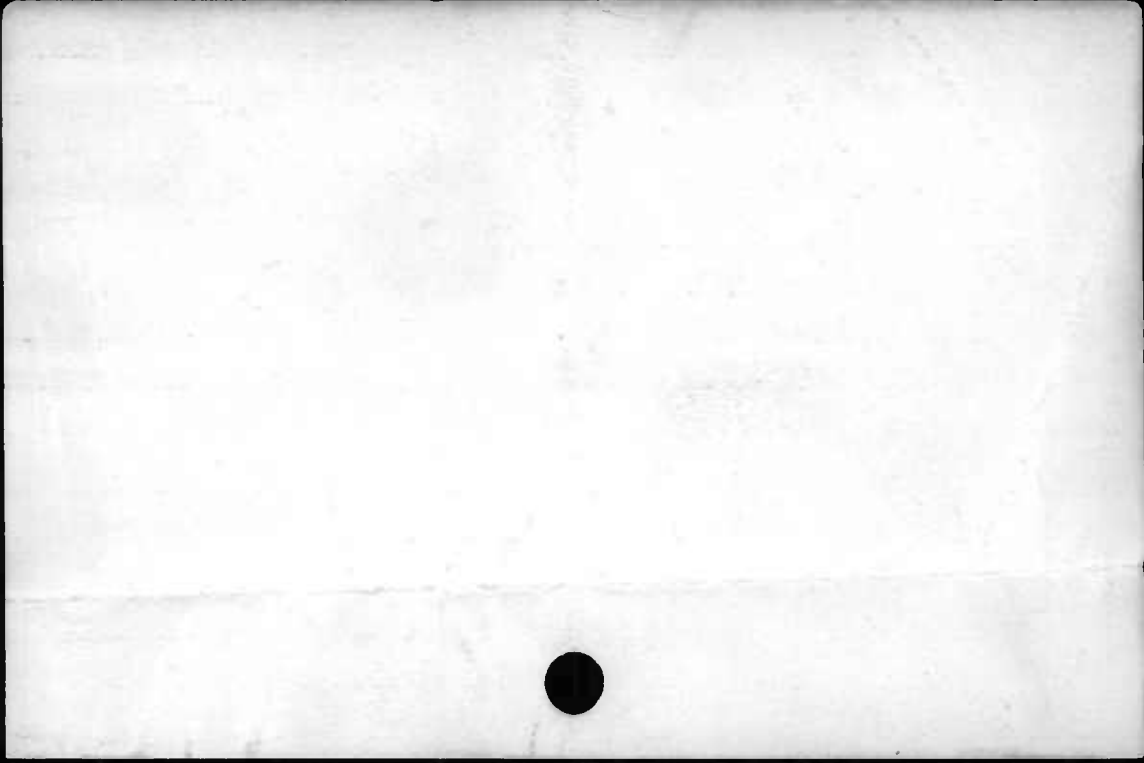
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? yes

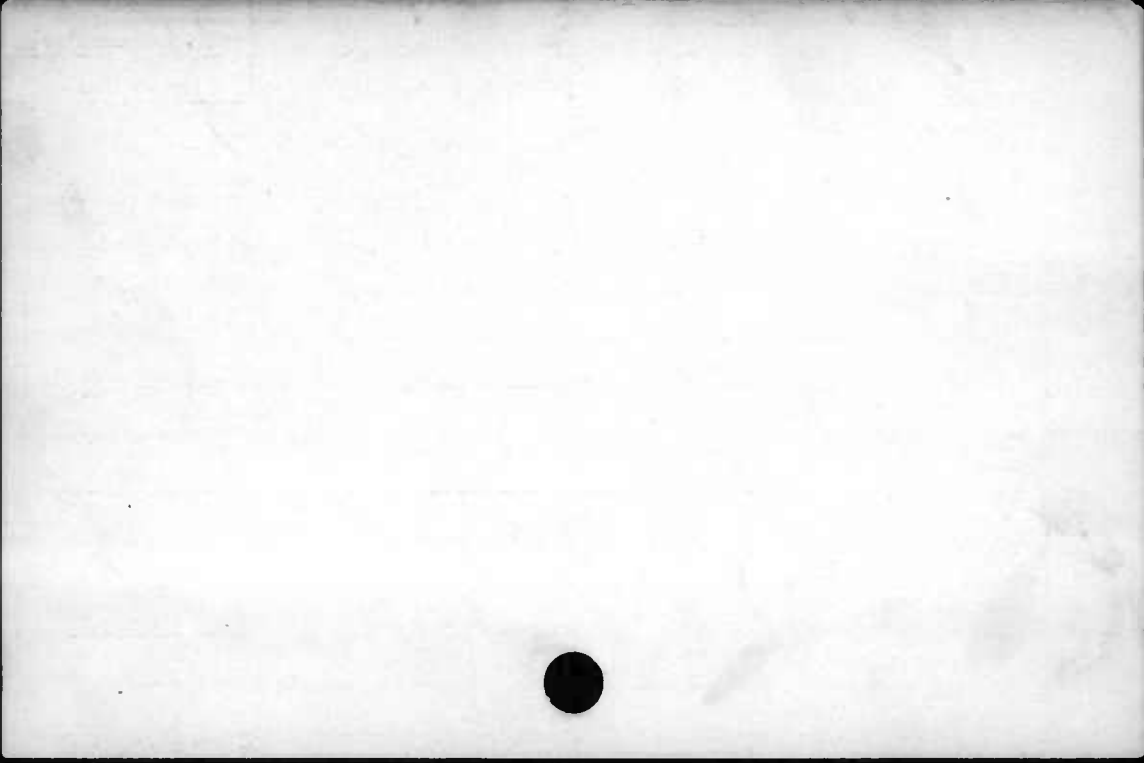
Signature of Physician W. F. Taylor

Address Laurel Md

~~Accident or Suicide?~~



Name in Full		Isabella E. Palmer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Crownsville		County Anne Arundel		MARYLAND	
	Date of death	1906	Month 6	Day 29	Age 74	Years 9	Months Days
	Sex	Female		Color or Race White		Birth- place England	
	Occupation			Where Residing If not at place of death			
	Married, Single or Widowed	Widow		Name of Wife or Husband Walter M. H. Palmer			
	Father's Name	Charles Bor				Father's Birthplace England	
PHYSICIAN OR CORONER	Mother's Maiden Name	May Pallister				Mother's Birthplace England	
	Name of person giving In formation	Mr. Alex Andersen				How related to deceased Daughter	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Paralysis				How long	6 mos-
	Immediate	Heart failure				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician H. B. Gant		
					Address Crownsville Md		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

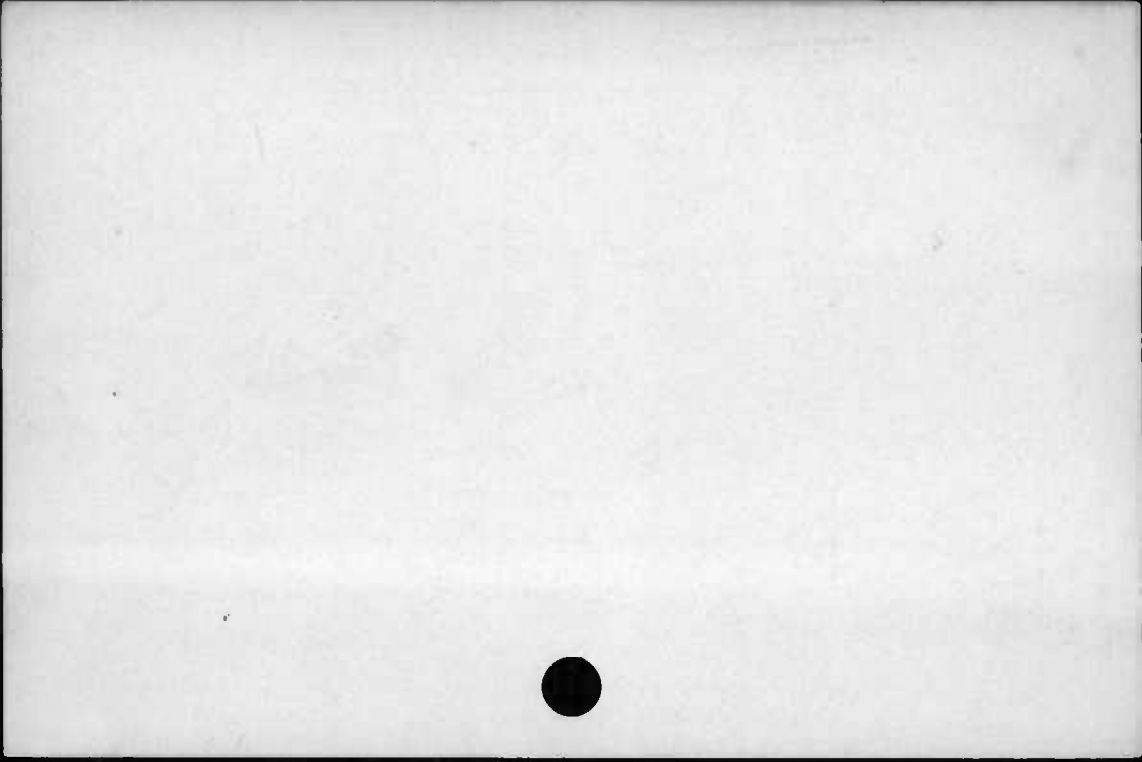
MARYLAND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>aa</i>	
Date of death <i>1906 June 5</i>		Month <i>June</i>		Day <i>5</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Age <i>8</i>	
Occupation <i>—</i>		Birth-place <i>Annapolis</i>		Months <i>9</i>	
Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel Brice</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Eva Parker</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving information <i>Daniel Brice</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>120</i>	Several months
Immediate <i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>	
<i>yes</i>	Address <i>Annapolis</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John L. Parmenter</i>		Town <i>Burtis Bay</i>		County <i>a a</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>6</i>		Years <i>16</i>	
Date of death <i>1906</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Boston</i>	
Occupation <i>Sailor</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONERPrimary *Accidental Drowning*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of

~~Physician~~*W. H. H. H. H.*
Coroner

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grace's Landing</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>22</i>	Age <i>47</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>		
Occupation			Where Residing if not at place of death <i>Newark N. J.</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Estes Gillard</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Elizabeth - Warren</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Ella Wilson</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes mellitus</i>	How long <i>3 years</i>
Immediate <i>Diabetic Coma</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. N. Perri</i>
	Address <i>McKendree, Md.</i>
Accident or Suicide?	



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Md</i>		County <i>A. A. Co</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>18</i>	Age <i>—</i>	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>			Birthplace <i>Maryland</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>190 Lombard Place</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Perry</i>				Father's Birthplace <i>N. C.</i>	
Mother's Maiden Name <i>Rossey Berrie</i>				Mother's Birthplace <i>Virginia</i>	
Name of person giving information <i>Lenna Perry</i>				How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera Infantum
Exhaustion

How long

Ho Long

Immediate

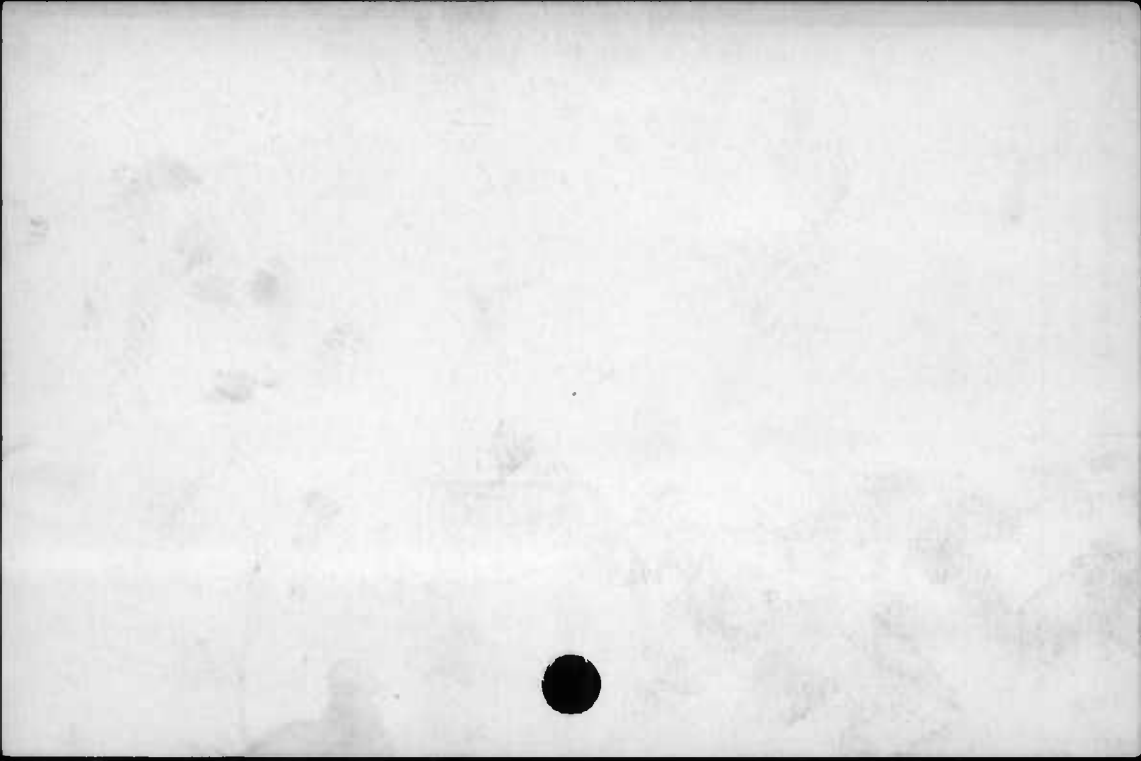
Are the name, age, sex, color, date
and place correctly given above?

yes

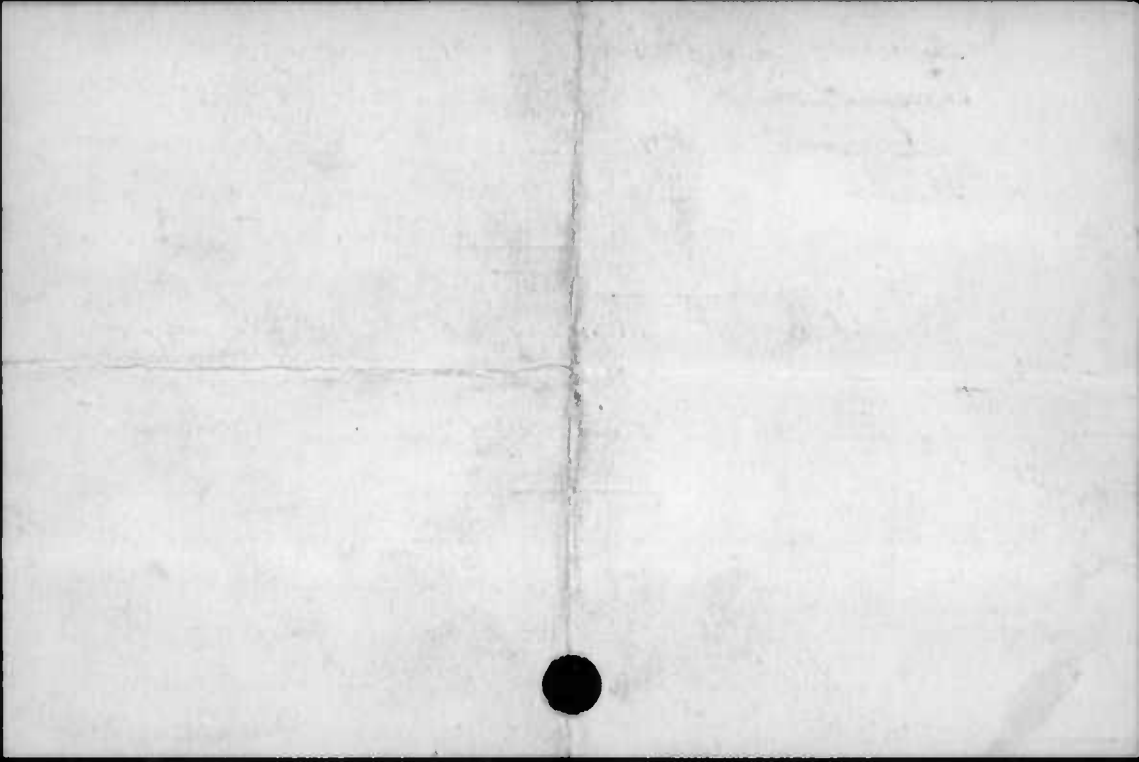
Signature of Physician

Address

Accident or Suicide?



Name in Full		Leann S. Pinkney				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND							
		Died at Annapolis md		C.A. Co.									
		Date of death	1906	Month	June	Day	24	Age	Years	Months	6	Days	—
		Sex	Male	Color or Race	Colored	Birth-place	Annapolis md						
		Occupation				Where Residing if not at place of death	33. Acton Lane						
		Married, Single or Widowed	single	Name of Wife or Husband									
		Father's Name	Walter Pinkney	Father's Birthplace		Annapolis md							
		Mother's Maiden Name	Alice Scott	Mother's Birthplace		Annapolis md							
		Name of person giving information	Tottie Pinkney	How related to deceased		Aunt							
		CAUSES OF DEATH (105)											
PHYSICIAN OR CORONER		Primary	Intestinal Catarrh					How long	two weeks				
		Immediate	Diarrhea Exhaustion					How long	four days				
		Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		P. P. [Signature]					
				Address		60 Cathedral St Annapolis Md.							
		Accident or Suicida?											



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name <i>James Pointer</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death		Age		Where Residing if not at place of death	
Month <i>June</i>		Day <i>28</i>		Years <i>5</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored.</i>		Birthplace <i>Annapolis</i>		Days <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>1 Ferry Camp</i>		Name of Wife or Husband <i>—</i>		Name of person giving information <i>Father</i>	
Father's Name <i>James Pointer</i>		Father's Birthplace <i>Annapolis</i>		Mother's Maiden Name <i>Larry Dogans</i>		Mother's Birthplace <i>Annapolis</i>	
Name of person giving information <i>Father</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>6 days</i>
Immediate	<i>Pulmonary collapse</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. P. Kleece</i>	
		Address <i>60 Cathedral St. Annapolis Md.</i>	
Accident or Suicide?			



Name
In
Full

Annis Dorothea Purvis

CERTIFICATE OF DEATH

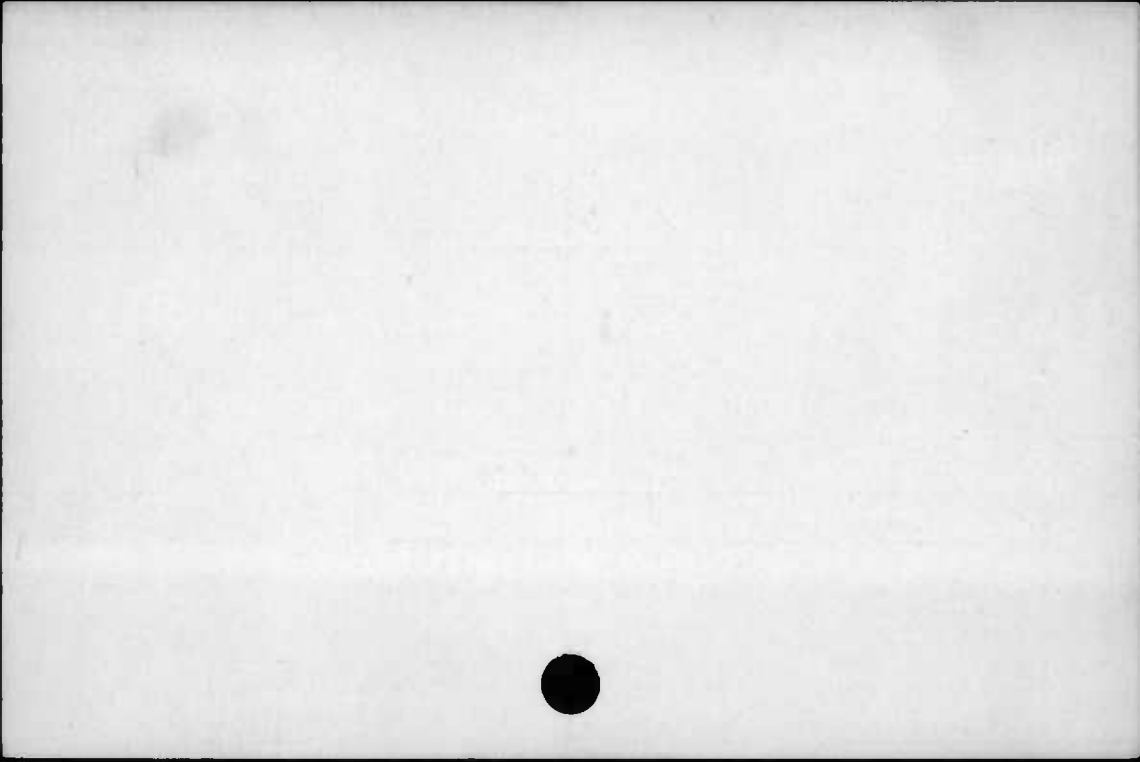
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>A.A.</u> ^{County} <u>Co.</u>		MARYLAND	
Date of death	<u>1906</u>	<u>June</u> ^{Month}	<u>2</u> ^{Day}	<u>34</u> ^{Years}	<u>yo</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Balti, Md</u>
Occupation			Where Residing If not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>J. Oliver Purvis</u>		
Father's Name	<u>(Herman Derrick) Shansport</u>			Father's Birthplace	<u>Balti, Md</u>
Mother's Maiden Name	<u>Annis Lang</u>			Mother's Birthplace	<u>Eng Land</u>
Name of person giving information	<u>J. Oliver Purvis</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consequence of</u>	How long	<u>140</u>
Immediate	<u>Stroke</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. J. Murphy</u>		
	Address <u>Annapolis</u>		
Accident or Suicide?	✓		



Name
in
Full

Purvis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Annapolis* Town*A. A. Co* CountyDate of death *1906 June*Day *21*Age *—* YearsMonths *—*Days *—*Sex *Female*

Color or Race

*White*Birthplace *Annapolis, Md*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *Single*Name of Wife or Husband *—*Father's Name *J. Oliver Purvis*Father's Birthplace *Annapolis, Md*Mother's Maiden Name *Annie Dorothea Skarsoff*Mother's Birthplace *Balti., Md*Name of person giving information *J. Oliver Purvis*How related to deceased *Father.*

CAUSES OF DEATH

Primary

*Still Born*How long *—*

Immediate

How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Berthe Jane Ross

CERTIFICATE OF DEATH

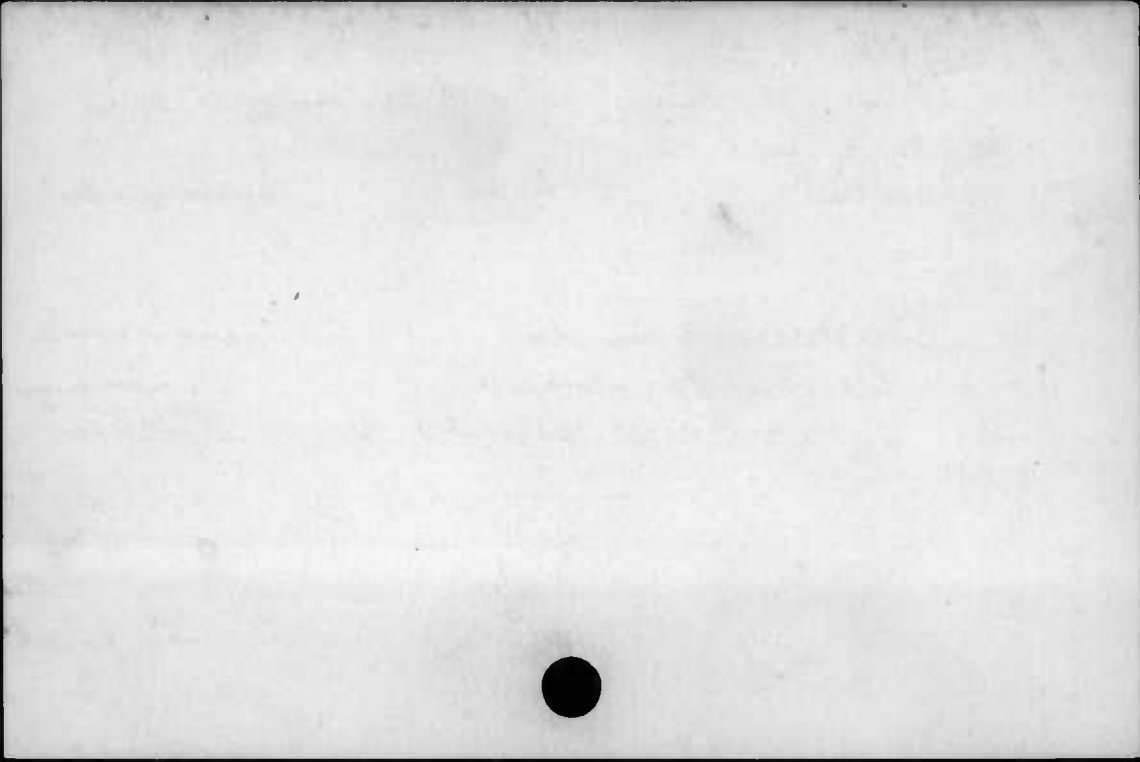
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundell</i> County		MARYLAND	
Date of death	1906	Month	June	Day	28
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Cool</i>	
Birth-place	<i>Annapolis</i>				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	<i>Matilda J. Ross</i>				
Mother's Birthplace	<i>Dorchester Co</i>				
Name of person giving information	<i>Mary Jones</i>				
How related to deceased	<i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sentition</i>	How long	<i>6</i>
Immediate	<i>Menigitis</i>	How long	<i>four days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Ridout</i>
Address	<i>Annapolis</i>		
Accident or Suicide?			



Name
in
Full

Sands

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death		Month <i>June</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>			
Occupation <i>—</i>				Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Andrew Sands</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Bertha Herman</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Andrew Sands</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>S</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. S. Welch</i>	
<i>yes</i>		Address <i>Annapolis</i>	
Accident or Suicide?		<i>Taylor</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>South Balto</i>		County <i>Anne Arundel</i>			
Date of death <i>1906</i>	Month <i>June</i>	Day <i>7th</i>	Age <i>26</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Balto</i>				
Married, Single or Widowed <i>---</i>	Name of Wife or Husband				
Father's Name <i>Geo J Schmuck</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Louisa P. Boddy</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Frank L Schmuck</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<i>Accidental Drowning</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>W. Glusched J.P.</i>
		Address <i>South Balto</i>
Accident or Suicide?	<i>accident</i>	



Name
in
Full

Chas Bayce - known as Chas Smit

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leont Bay</u>		County <u>a a</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>4</u>	Day <u>18</u>	Age <u>30</u>	Months	Days
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place	
Occupation <u>L ab</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Accident</u>	How long
Immediate <u>Run over by B & O cars</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. Glischel coroner</u>
	Address
Accident or Suicide? <u>✓</u>	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1906		June		14		52	
Sex		Color or Race		Birthplace			
Female		White		Calverton Co. Md.			
Occupation		Where Residing if not at place of death					
Housewife		_____					
Married, Single or Widowed		Name of Wife or Husband					
Married		John Shepherd					
Father's Name		Father's Birthplace					
F. Bowie Smith		Calverton Co. Md.					
Mother's Maiden Name		Mother's Birthplace					
Rebecca Bradley		Delaware					
Name of person giving information		How related to deceased					
John Shepherd		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Interstitial Nephritis		3 years	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. H. Perrie	
		Address	
		McKendree, Md.	
Accident or Suicide?			



Name
in
Full

A. Percy Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Gambier*

Town

A. A.

County

Date of death *1906 June*

Month

27

Day

Age *60*

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Mo*Occupation *Mechanic*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Mary Camden*Father's
Name*Alexander Smith*Father's
Birthplace*Mo*Mother's
Maiden Name*Margaret Rawlin's*Mother's
Birthplace*Mo*Name of person giving
In formation*John Bryan*How related
to deceased*Brother-in-law*

CAUSES OF DEATH

Primary

Thyroid Gland Enlargement

How long

3 wks.

How long

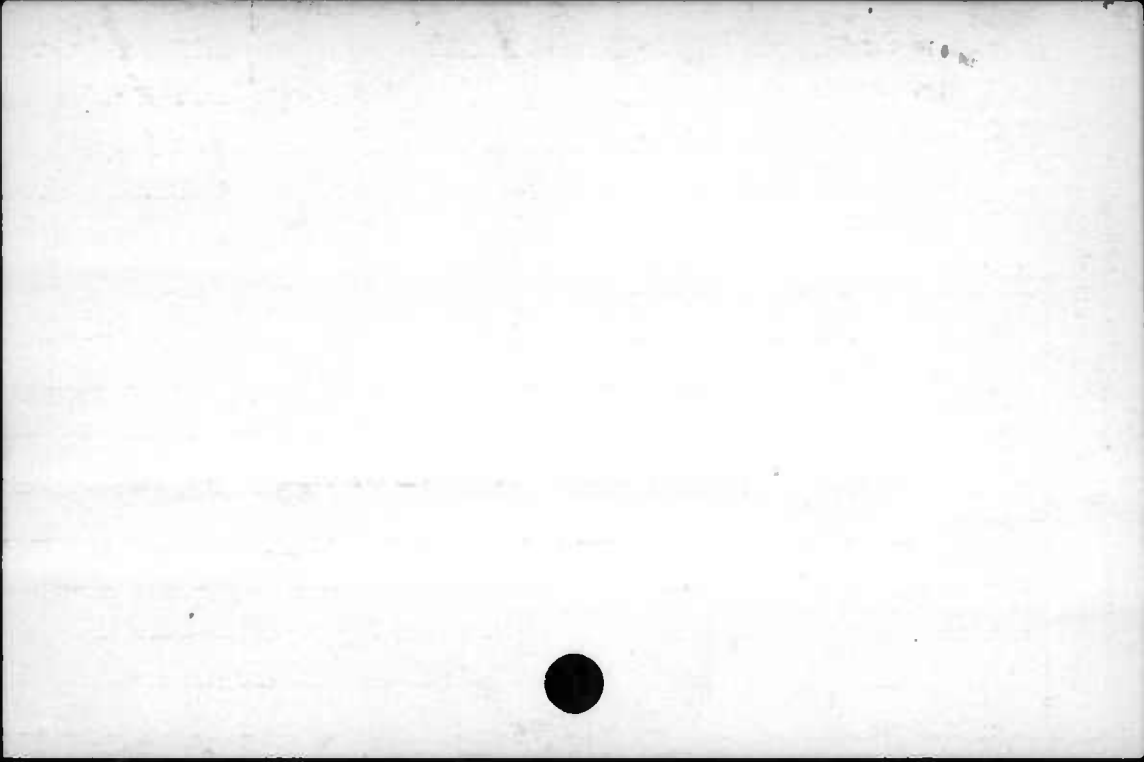
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*A. B. Gant**Millersville Mo*

Accident or Suicide?



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full		Bernie Arzene Snowden				CERTIFICATE OF DEATH	
Died at		Seyron		County		Anne Arundel	
Date of death		1906 June 28		Age		11	
Sex		Female		Color or Race		Colored	
Occupation				Where Residing if not at place of death		Birthplace	
Married, Single or Widowed				Name of Wife or Husband		Anne Arundel as Md	
Father's Name		Thomas Snowden		Father's Birthplace		A A Co Md	
Mother's Maiden Name		Sarah Smith		Mother's Birthplace		Brockton Co Md	
Name of person giving information		Thomas Snowden		How related to deceased		Father	
CAUSES OF DEATH							
Primary		Cholera Infantum		How long		4 weeks	
Immediate		Convulsions		How long		6 hours	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. P. Ambrose	
				Address		Hanover Md	
Accident or Suicide?							



Name in Full *Mary Stallings*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A.A.</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>June</i>	Day <i>28</i>	Age <i>25</i>	Years <i>25</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sudley A.A.Co.</i>			
Occupation <i>Landress</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Alexander Stallings</i>		Father's Birthplace <i>A.A.Co.</i>					
Mother's Maiden Name <i>Annie Stallings</i>		Mother's Birthplace <i>A.A.Co.</i>					
Name of person giving information <i>Robert E. Simmons</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericarditis Anemia</i>	How long <i>2 mos.</i>
Immediate <i>Valv Disease Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Murphy</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Helen R. Stern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>June</i>	Day	<i>22</i>	Years	<i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		Months	<i>6</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days		<i>10</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Fether's Birthplace <i>Russia</i>		Mother's Birthplace <i>Russia</i>	
Father's Name <i>Louis Stern</i>		Mother's Maiden Name <i>Rachel Goodman</i>		Name of person giving information <i>Simon D Goodman</i>		How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>meningitis</i>	How long	<i>9 weeks</i>
Immediate	<i>Prostration</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo Wells</i>	
<i>yes</i>		Address <i>Annapolis</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Robert William Tate

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel Co.</i>		MARYLAND	
Date of death	1906	Month	June	Day	23	Years	Age 65
Sex	Male		Color or Race	White		Birthplace	Anne Arundel Co.
Occupation	Clerk			Where Residing if not at place of death <i>Annapolis</i>			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Brooks Tate			
Father's Name	Joseph John Tate				Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth Marriott Baldwin				Mother's Birthplace	Maryland	
Name of person giving information	Anne Elizabeth Tate				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Warimia</i>	How long	<i>48 hrs.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Oliver Purvis</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>No</i>		✓ <i>Med.</i>	



Name
in
Full

CERTIFICATE OF DEATH

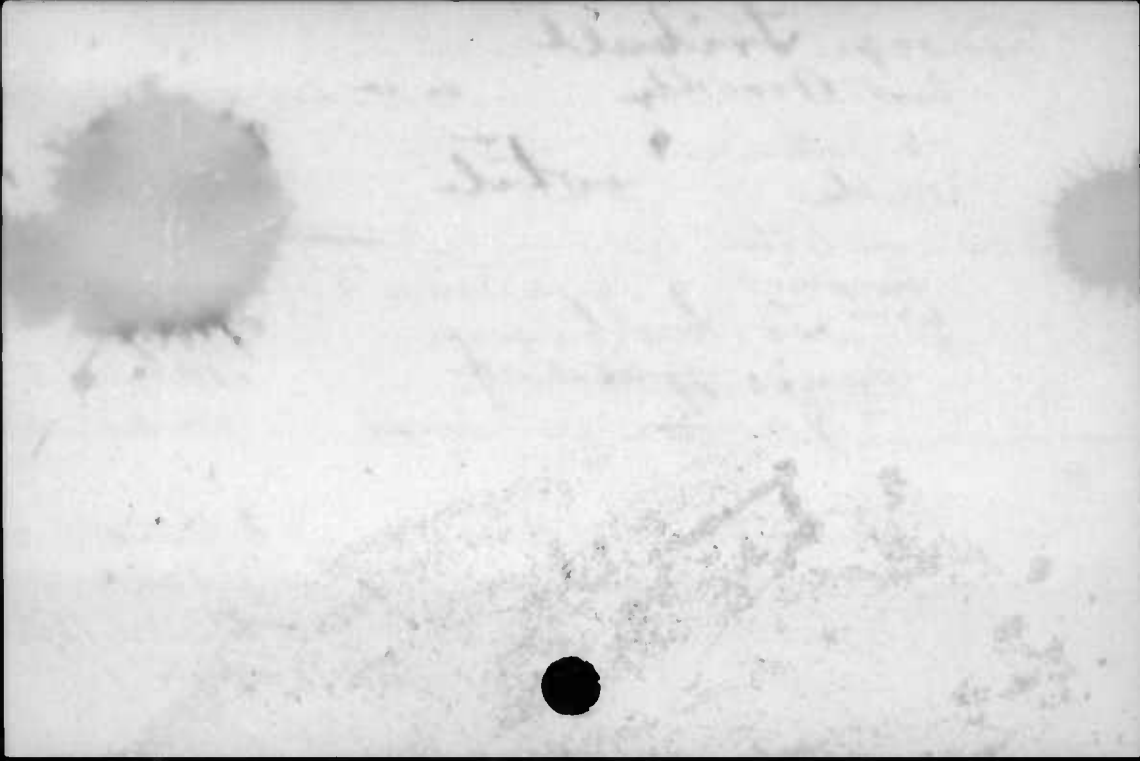
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		George Tribull		County		MARYLAND	
Died at		East Brooklyn		County		MARYLAND	
Date of death		1906	Month 6	Day 9	Age —	Years 8	Months —
Sex		Male		Color or Race		white	
Occupation		—		Where Residing if not at place of death		—	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Wm Tribull		Father's Birthplace		Md	
Mother's Maiden Name		Annie Grosskopf		Mother's Birthplace		Md	
Name of person giving Information		Fuch		How related to deceased		—	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enteritis	(105)	How long	3 days
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Chas H Brooke
Yes		Address		Brooklyn
Accident or Suicide?				



Name
in
Full

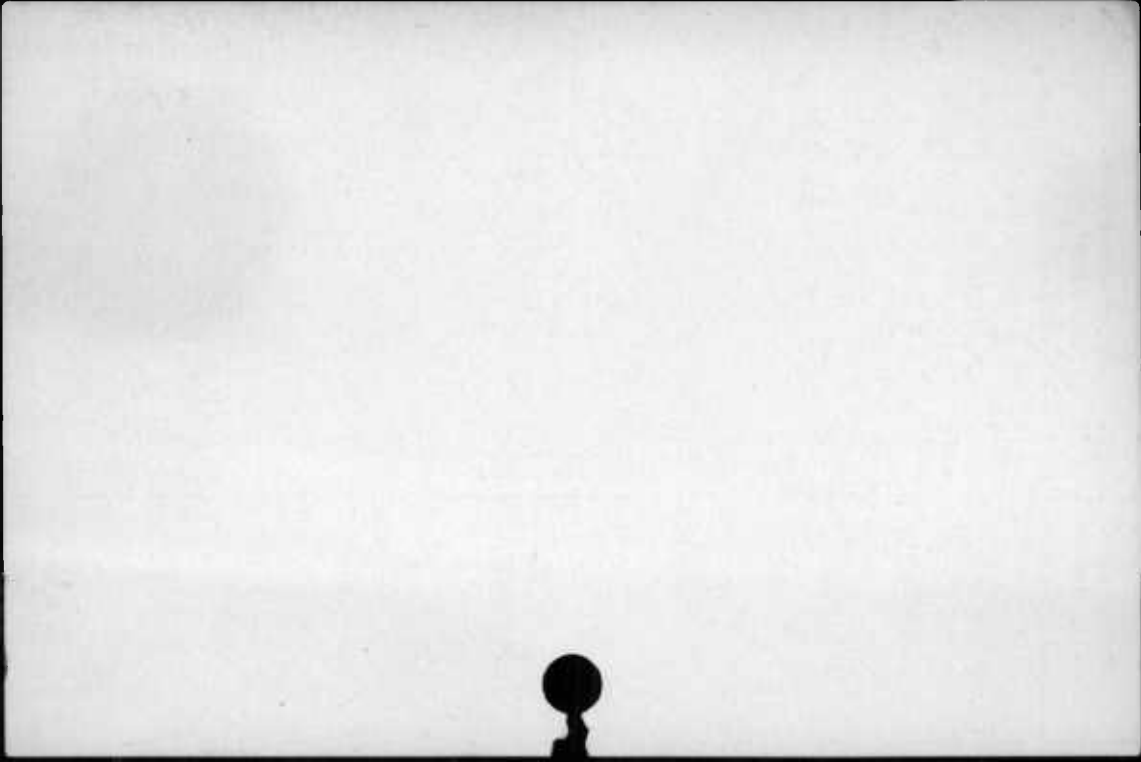
Thomas E. Waggaman

CERTIFICATE OF DEATH

Died at		South River		Anne Arundell		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		June	27	Age 66	6	10	
Sex		Male		Color or Race		White	
Birthplace		Washington D.C.					
Occupation				Where Residing if not at place of death			
Real Estate Agent				South River			
Married, Single or Widowed		Married		Name of Wife or Husband		Christina Waggaman	
Father's Name		John H. Waggaman				Father's Birthplace	
Va.		Mother's Maiden Name		Lydia Schaub		Mother's Birthplace	
Washington		Name of person giving information		Christina Waggaman		How related to deceased	
Wife							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cancer	How long	1 Year
	Immediate	Exhaustion	How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes.	
	Signature of Physician		John Hollisow H.D.	
Address		South River		
Accident or Suicide?		No		



Name
in
Full

White


CERTIFICATE OF DEATH

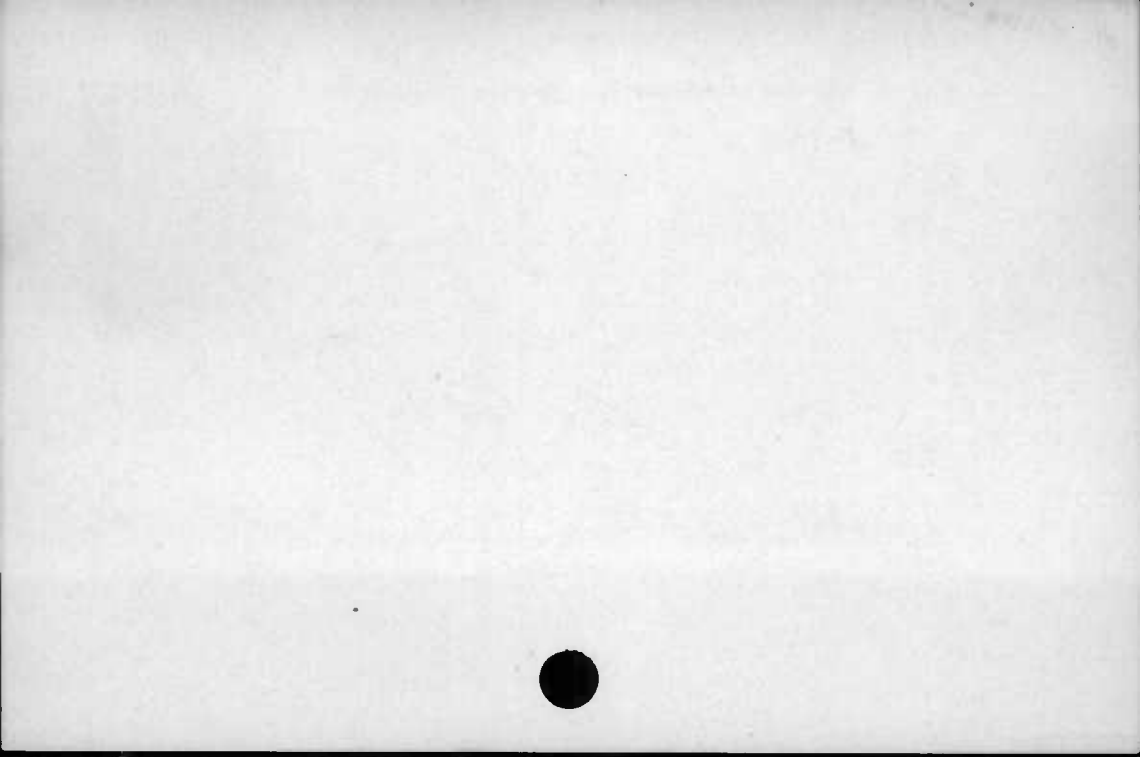
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	4	Age	Years —
						Months —	Days 2
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Annapolis</i>
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	<i>Wm Edgar White</i>					Father's Birthplace	<i>England</i>
Mother's Maiden Name	<i>Amanda M Clark</i>					Mother's Birthplace	<i>Annapolis</i>
Name of person giving information	<i>Amanda M White</i>					How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i>	How long	
Immediate	<i>Trismus Neonatorum</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Wm S. Welch</i>	
Address		<i>Annapolis</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

Jerdinand Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Larget Range</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>June</i>	Day <i>1</i>	Age <i>24</i>	Years	Months <i>6</i>	Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore Md.</i>			
Occupation <i>Army officer</i>				Where Residing if not at place of death <i>Washington DC</i>			
Married, Single <i>Married</i>		Name of Wife <i>Sada Rutledge</i>					
Father's Name <i>J. J. C. Williams</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Max C. Tyler U. S. Army</i>		How related to deceased <i>No relation</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound</i>	How long <i>June 1, 1906</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robert Smart</i>
	Address <i>1 Lieut & Asst Surg. U. S. Army.</i>
Accident or Suicide? <i>Accidental</i>	<i>U. S. Army.</i>



Name
in
Full

James Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wellham</i> Town		<i>Anne</i> County		MARYLAND	
Date of death	<i>1906</i> Month <i>June</i>	Day <i>5</i>	Age <i>1</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Anne Arundel Co Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robert Wilson</i>			Father's Birthplace <i>Anne Arundel Co Md</i>		
Mother's Maiden Name <i>Fennie Norris</i>			Mother's Birthplace <i>Richmond Va</i>		
Name of person giving information <i>Robert Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Menigitis</i>	<i>(61)</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>		How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W R Wilkerson</i>	
<i>yes</i>		Address	<i>Hageron Md</i>	
Accident or Suicide?				



Name
in
Full

Thomas Wynne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>Anne Arundell</i>		County		MARYLAND	
Date of death	1906	Month	June	Day	30 th	Age	38	Years	Months
Sex	Male	Color or Race	White	Birth-place		<i>Boston, Mass</i>			
Occupation	<i>Clerk</i>			Where Residing if not at place of death <i>Annapolis Md</i>					
Married, Single or Widowed	<i>Married</i>			Name of Wife or Husband <i>Mary C.</i>					
Father's Name	<i>Richards Wynne</i>			Father's Birthplace <i>Montreal Can</i>					
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace					
Name of person giving information	<i>Mary C Wynne</i>			How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dementia (Alcoholic)</i>	How long	<i>3 days</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John B. Deutzel Jr</i>
		Address	<i>Annapolis, Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3rd District</i>		County <i>Cale Md</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>2</i>	Years <i>75</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cale Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Samuel Chain</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long
Immediate <i>Acute Indigestion</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Hinnell M.D.</i>
<i>They are</i>	Address <i>Quarantine Hospital</i>
Accident or Suicide?	<i>St. Pauls. A. C. County</i>

